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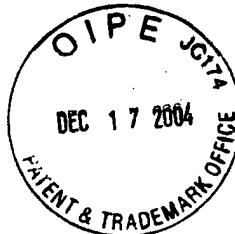
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23995 7590 09/27/2004

RABIN & Berdo, PC  
1101 14TH STREET, NW  
SUITE 500  
WASHINGTON, DC 20005

12/20/2004 SFELEKE2 00000185 10656259

01 FC:2501 700.00 OP  
02 FC:1504 300.00 OP



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,259	09/08/2003	Wen-Han Hsieh	SUND 477	8609

TITLE OF INVENTION: LAYOUT STRUCTURE FOR A LIQUID CRYSTAL DISPLAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$668 700	\$300	\$965	12/27/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
KIM, RICHARD H		2871	349-144000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Rabin & Berdo, P.C.

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Himax Technologies, Inc.

Taiwan, ROC

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0002 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date December 17, 2004

Typed or printed name Allen Wood

Registration No. 28,134

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